CEDAR CREST INC 1702 S RIVER RD

JANESVILLE	53546	Phone: (608) 756-0344		Ownership:	Non-Profit Corporation
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	Yes
	0 1 77 1 01	CC 1 (10 (21 (04) -	0.5	m' 1 10 (x 1') 0 1 5' 10	

Number of Beds Set Up and Staffed (12/31/04): 95 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/04): 95 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/04: 87 Average Daily Census: 90

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	28.7
Supp. Home Care-Personal Care	No					1 - 4 Years	46.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.4	More Than 4 Years	25.3
Day Services	No	Mental Illness (Org./Psy)	44.8	65 - 74	6.9		
Respite Care	No	Mental Illness (Other)	1.1	75 - 84	26.4		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.1	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.3	95 & Over	16.1	Full-Time Equivalent	;
Congregate Meals No		Cancer	3.4			Nursing Staff per 100 Reside	
Home Delivered Meals No		Fractures	2.3		100.0	0 (12/31/04)	
Other Meals	No	Cardiovascular	12.6	65 & Over	96.6		
Transportation	No	Cerebrovascular	6.9			RNs	15.6
Referral Service	No	Diabetes	8.0	Gender	%	LPNs	9.2
Other Services	No	Respiratory	4.6			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	13.8	Male	13.8	Aides, & Orderlies	49.7
Mentally Ill	No	İ		Female	86.2	İ	
Provide Day Programming for		İ	100.0	İ		İ	
Developmentally Disabled	No	İ		İ	100.0	İ	
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Method of Reimbursement

		edicare			Medicaid 'itle 19			Other		:	Private Pay	:		amily Care			anaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	3	6.8	146	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.4
Skilled Care	5	100.0	322	41	93.2	125	0	0.0	0	37	97.4	191	0	0.0	0	0	0.0	0	83	95.4
Intermediate				0	0.0	0	0	0.0	0	1	2.6	191	0	0.0	0	0	0.0	0	1	1.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		44	100.0		0	0.0		38	100.0		0	0.0		0	0.0		87	100.0

CEDAR CREST INC

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	cions, Services, an	d Activities as of 12,	/31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	ssistance of	% Totally	Number of
Private Home/No Home Health	4.0	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.0	Bathing	0.0		90.8	9.2	87
Other Nursing Homes	3.0	Dressing	3.4		86.2	10.3	87
Acute Care Hospitals	77.2	Transferring	10.3		75.9	13.8	87
Psych. HospMR/DD Facilities	0.0	Toilet Use	9.2		80.5	10.3	87
Rehabilitation Hospitals	0.0	Eating	50.6		41.4	8.0	87
Other Locations	14.9	******	******	*****	*****	******	*****
Total Number of Admissions	101	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.6	Receiving Resp	iratory Care	10.3
Private Home/No Home Health	8.5	Occ/Freq. Incontinen	t of Bladder	60.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	25.5	Occ/Freq. Incontinen	t of Bowel	33.3	Receiving Suct	ioning	0.0
Other Nursing Homes	2.8	į			Receiving Osto	my Care	3.4
Acute Care Hospitals	13.2	Mobility			Receiving Tube	Feeding	1.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.1	Receiving Mech	anically Altered Diets	29.9
Rehabilitation Hospitals	0.0	į -			_	-	
Other Locations	12.3	Skin Care			Other Resident C	haracteristics	
Deaths	37.7	With Pressure Sores		6.9	Have Advance D	irectives	92.0
Total Number of Discharges		With Rashes		5.7	Medications		
(Including Deaths)	106				Receiving Psyc	hoactive Drugs	59.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Ownership: This Nonprofit			Size:		ensure:		
	This				-99	Ski	lled	All	
	Facility	Peer	Group	Peer	Group	Peer Group		Faci	lities
	%	ે	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.7	92.7	1.02	89.0	1.06	90.5	1.05	88.8	1.07
Current Residents from In-County	96.6	84.6	1.14	81.8	1.18	82.4	1.17	77.4	1.25
Admissions from In-County, Still Residing	24.8	20.5	1.21	19.0	1.30	20.0	1.24	19.4	1.28
Admissions/Average Daily Census	112.2	153.0	0.73	161.4	0.70	156.2	0.72	146.5	0.77
Discharges/Average Daily Census	117.8	153.6	0.77	163.4	0.72	158.4	0.74	148.0	0.80
Discharges To Private Residence/Average Daily Census	40.0	74.7	0.54	78.6	0.51	72.4	0.55	66.9	0.60
Residents Receiving Skilled Care	98.9	96.9	1.02	95.5	1.04	94.7	1.04	89.9	1.10
Residents Aged 65 and Older	96.6	96.0	1.01	93.7	1.03	91.8	1.05	87.9	1.10
Title 19 (Medicaid) Funded Residents	50.6	54.6	0.93	60.6	0.83	62.7	0.81	66.1	0.77
Private Pay Funded Residents	43.7	32.6	1.34	26.1	1.67	23.3	1.88	20.6	2.12
Developmentally Disabled Residents	0.0	0.5	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	46.0	37.4	1.23	34.4	1.34	37.3	1.23	33.6	1.37
General Medical Service Residents	13.8	20.2	0.68	22.5	0.61	20.4	0.68	21.1	0.65
Impaired ADL (Mean)	48.0	50.1	0.96	48.3	0.99	48.8	0.98	49.4	0.97
Psychological Problems	59.8	58.4	1.02	60.5	0.99	59.4	1.01	57.7	1.04
Nursing Care Required (Mean)	7.2	7.0	1.03	6.8	1.05	6.9	1.04	7.4	0.97